DECLARATI	ON AND	Attor	rney Docket Number	21382Y	32Y							
POWER OF AT		First	Named Inventor	Christopher S. Burgey, et al.								
PATENT APPL	ICATION		COMPLETE IF KNOWN									
(37 CFR 1.	.63)	Appli	cation Number									
Declaration Submitted with Initial OR Filing	Declaration Submitted after Initia		g Date									
	Filing (surcharge (37 CFR 1.16 (e))		p Art Unit									
	required)	Exam	niner Name									
As a below named inventor	r, I hereby declare th	nat:										
My residence, mailing address, and citizenship are as stated below next to my name.												
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
BENZODIAZEPINE CGRP I	RECEPTOR ANTAGO	ONISTS										
the specification of which	(Title of the Invention) the specification of which											
OR is attached hereto												
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
Application Number and was amended on (MM/DD/YYYY) (if applicable).												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
I hereby claim foreign priorit	y benefits under 35 U	.S.C. 119	9(a)-(d) or (f), or 365(b)	of any foreign application(s) for p	patent or inventor's							
certificate(s), or 365(a) of any	y PCT international ap	plication	n which designated at lea	ast one country other than the Uni	ited States of							
				eign application for patent or inve								
Prior Foreign Application			Foreign Filing Date		Priority Claimed?							
Number(s)	Country		(MM/DD/YYYY)	Attorney Docket Number	YES NO							
		 -	<u> </u>									
Additional foreign applica	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												
Application Num	nber(s)		Filing Date (MM/DD/YYYY)	Attorney Docket Number								
60/482,854	C	06/26/20	003	21382PV								

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claidesignating is not disclost U.S.C. 137 CFR 1.56 date of this a	the Unit sed in th 12, I ack 5 which	ed States of the prior Unite mowledge the became ava	America, ed States e duty to	listed or PC discle	d below T inter ose info	and, instantional ormation	sofar appl kno	as the lication wn to r	subject in the ne to b	t matter manner e materi	of each of provided al to pate	f the o by th ntabil	claims o e first p ity as d	of this paragra efined	application aph of l in	l	
U.S. Parent Application or PCT Parent							Parent Filing Date (MM/DD/YYYY)							Number			
Application Number							(MM)	UU/YY	YY)	 		(if applicable)					
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Addition	al U.S. c	or PCT interna	tional app	licatio	n numbe	ers are lis	ted or	n a supp	lementa	l priority	data sheet	PTO/	SB/02B	attache	d hereto.	·	
As a named ir following reg connected the	istered pr	actitioner(s) to		e this a	ipplicati sociated	on and to	trans	sact all b	ousiness							, the	
	Nam	ie			Registration Number					Na	me				Registratio Number		
David A. Rubir	1			40,314			1	David 1	L. Rose						2		
Direct all co	rrespond	lence to: X	Custon	ner N	umber	00	021	10			· · · · · · · · · · · · · · · · · · ·						
Name	David A	A. Rubin															
Address	Merck d	& Co., Inc	Patent D	eparti	ment											_	
Address	P.O. Bo	ox 2000, RY	7 60-30														
City	Rahway	ıhway						ate	NJ		ZIP		07065-0907				
Country	USA	JSA Telephone (73)594-2	594-2675 Fax (732)						594-4720		
I hereby dec belief are be the like so m may jeopard	lieved to nade are	o be true; and punishable l	d further toy fine or	that th	nese sta	ntements ent, or bo	were	e made inder 1	with th 8 U.S.C	ne know	ledge that	t willf	ful false	stater	nents and		
Name of Sole or First Inventor:							A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])							Family Name or Surname										
Christopher S. Inventor's				_	,			Burgey	<i>r</i>			-					
Signature	Chufe S. Duga						ج	Date 14					450	Jan 2005			
Residence: City	Philadelphia State PA							Cou	ountry US Citizenship US						<u>.</u>		
Mailing Address																	
City	ity Rahway State								NJ	ZIP	07065-09	907	Cou	ntry	U.S.A.		
X Additional	Inventor	s are being n	amed on th	ie1	suppl	lemental A	Addit	ional In	ventors((s) sheet(s	s) PTO/SB	/02A a	attached	hereto.			

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								itor						
Given Name (first and middle [if any])						Family Name or Surname								
							Stump							
Inventor's Signature		Ci A. S			Date				14	Jan	ديدم	3005		
Residence: City	Pott	stown	PA		Country US				Citizenship US					
Mailing Address		Merck & Co., Inc. P.O. E		•						.				
City		Rahway		State	e NJ	NJ ZIP 07065-0907 Country					U.S	S.A.		
		oint Inventor, if any:		<u></u>		A pet	ition				unsigned		itor	
Give	n Na	me (first and middle [if	any])					Fa	mily Na	ame o	r Surname	<u> </u>		
Theresa M.					W	illiams								
Inventor's Signature		Meres M. W	ناك	· ~					Date	10	t Jan	١.	2105	
Residence: City	Harleysville State NJ				ĺ	Country US					Citizenship US			
Mailing Address	ailing Merck & Co. Inc. P.O. Box 2000													
City Rahway			State N		NJ	ZIP 07065-		-0907 Co		Country	untry U.S.A.			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor								
Give	any])			Family Name or Surname										
Inventor's Signature														
Residence: City			State			Countr	y				Citizenship			
Mailing Address														
City				Sta	te		ZIP			Country				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								itor						
Given Name (first and middle [if any])						Family Name or Surname								
Inventor's Signature							Date							
Residence: City			State			Country Citizenship								
Mailing Address														
City					Sta	te		ZIP			Coun	try		